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Editorial

Educating the critical care nurse of the future

Critical care nursing is a specialist area of nursing practice, and appropriate preparation is vital to the provision of quality care. Informed by the Declaration of Madrid as a baseline for critical care education, formalised critical care nursing education has been developed and is seen as central to the appropriate preparation of knowledgeable and skilled critical care nurses. While education of the critical care workforce was initially delivered in the work place and consisted of ad hoc training of nurses and doctors together, more formalised postregistration education was developed in the 1960s in both Australia and the United Kingdom (UK).^{1,2}

Today, there exist a number of different approaches to educating critical care nurses. In some countries, such as the United States of America, nurses are required to work in a critical care area and have provided a minimum of 1750 h of direct patient care before they are eligible to sit an examination.³ In Australia and New Zealand, postgraduate qualifications are now obtained through tertiary education providers, many of whom work in collaboration with health service providers.⁴ In the UK, postgraduate education is provided at multiple levels, similar to Australia. However, the diversity of courses and programs delivered internationally has led to significant variability in outcomes.⁴

In some regions such as the UK and Australia, providing some specialist critical care education at the undergraduate level is being explored. This is potentially an important consideration for critical care nursing education and is timely given that, earlier this year, the Australian Government called for the first review of Australian Nursing since 2002 – *Educating the Nurse of the Future*. The purpose of the review is to examine how we prepare and educate nurses to ensure they continue to meet the expectations of the community and maintain their professional standards. In this review, the effectiveness of current educational preparation of, and articulation between, enrolled and registered nurses and nurse practitioners to meet the needs of health service delivery will be examined. This is in addition to examining factors that affect the choice of nursing as an occupation, the role and appropriateness of transition to practice programs, and the competitiveness and attractiveness of Australian nursing qualifications across international contexts.

Therefore, it is timely that the Australian College of Critical Care Nurses (ACCCN) undertook a significant program of work to provide an update to the ACCCN Position Statement on the provision of postgraduate critical care nurse education.^{5,6} Underpinning the development of the position statement is an integrative review of the literature looking specifically at the structure, processes, and outcomes of specialist critical care nurse education through an international lens.⁷ The focus of the integrative review was on the contemporary structures such as courses, programs, and policies/standards; specialist critical care nursing education; how these courses and programs were delivered; and their outcomes. The

authors identified 21 publications to inform this integrative review, including 13 primary research articles. What was clear from this review is that critical care nurse education differs across jurisdictions and can be conceptualised as a series of steps. Within clinical settings, transition programs are important for developing a foundation of knowledge and skills required to work in critical care clinical areas which are inherently complex environments. While these foundation courses are seen as important, they can also potentially negatively impact uptake of more formal postgraduate education. The reasons for this are not clear and warrant further investigation. For postgraduate programs to be attractive and relevant to stakeholders, it is essential the collaboration occur between service and higher education providers so that curricula and program evaluation are enhanced.

The position statement on the Provision of Postgraduate Critical Care Nurse Education was a 5-step process which included (1) development of an expert advisory panel; (2) evidence synthesis; (3) selection of a theoretical approach; (4) consensus building and consultation; and (5) recommendation of an implementation strategy.⁵ As a result of this work, clear recommendations are available for the individual critical care nurse, the critical care clinical practice learning environment, and educational programs for critical care nurses. Importantly, the position statement acknowledges the different levels of educational programs available for critical care nurses including those offered at the entry level and at the postgraduate level. Collaboration between healthcare services and education providers, such as universities, is acknowledged as essential to facilitate education and professional development, research, and translation of research into practice.

The rigorous development of the position statement is clearly articulated in the two articles^{5,6} which appear in this issue of *Australian Critical Care*. It is perhaps now Step 5 that is most critical – the implementation of the recommendations put forward. Gill et al.⁵ draw our attention to the challenges experienced during implementation and call for and describe a systematic approach to ensure recommendations are translated into policy and practice which are targeted at a range of stakeholders at the micro (nurse), meso (managers/educators), and macro (education providers/professional organisation) level.

The work of Gill et al.⁵ and Gullick et al.⁷ build on a legacy of critical care education research led by Australian critical care nurses.^{8–13} There is now a clear direction for critical care nursing in Australia, but for this position statement to have an impact, we must work to ensure its widespread implementation across health and education sectors. As the lead critical care nursing organisation in Australia, the ACCCN should lead the dissemination and implementation of the position statement and should provide direction to health services, universities, and individuals for widespread

adoption. In the words of Leonardo da Vinci, “*Knowing is not enough; we must apply. Being willing is not enough; we must do*”.

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Prof Andrea P. Marshall
Editor-in-Chief
Australian Critical Care

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